



## PHOTOGRAPHY RELEASE FORM

I, \_\_\_\_\_ hereby give my permission for  
Printed Name of Parent

\_\_\_\_\_ to have his/her photograph taken by  
Child's Name

members of the ITR staff for possible publication in the USSOUTHCOM Bugle Boy

U S Army Newsletters, Bugle Boy or on the USSOUTHCOM web site(s).

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_